



**CAMDEN COUNTY
BUILDING INSPECTIONS DEPARTMENT
P.O. BOX 190, CAMDEN, NC 27921
1-252-338-1919
FAX 1-252-333-1603**

TRADE AFFIDAVIT

**PLEASE COMPLETE ALL INFORMATION BELOW
SUBMIT SIGNED AFFIDAVIT AT PERMIT APPLICATION OR PRIOR TO FIRST INSPECTION**

☐ **ELECTRICAL** ☐ **PLUMBING** ☐ **MECHANICAL** ☐ **GENERAL CONTRACTING**

CONTRACTOR INFORMATION

BUSINESS NAME: _____

NAME OF TRADE CONTRACTOR _____

Business Address _____

Business Address _____

LICENSE INFORMATION

NC State License # _____

License Classification _____

License Expiration Date _____

PROJECT INFORMATION

Project Information: _____

Job Location: _____

Building Permit #: _____

Contract Cost: \$ _____

I hereby affirm or swear that I am Licensed and qualified to assume all responsibility and liability as a Contractor on this project. **If I resign or am no longer affiliated with this project, I will notify the local Inspection Office immediately by phone or in person AND in writing within three (3) working days.**

Signature _____ Date _____